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Effective October 1, 2000 1795 57/55												
CLAIMS AS FILED - PART I									NTITY			THAN
7/	TAL CLAIMS		(Column	11)	(Column 2)			YPE C		OR		ENTITY
			28					RATE-		· •	RATE	FEE
FOR			NUMBER FRED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASSIC FEE	7.10.00
FOTAL CHARGEABLE CLAIMS			28 minus 20-		8			X\$ 9-		ОЯ	X\$18=	44
_	EPENDENT C		d minus 3 =		4		-	.X40=	·	OR	X80≈	720
æ	LTIPLE DEPEN		•	+135=	, -	OR	+270=	277				
"If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL ///												79711
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
	•	(Column 1)		(Colum		(Column 3)	_	SMALL	ENTITY.	ÖR	SMALL	
1		. REMAINING AFTER		NUM	BER	PRESENT EXTRA	.	RATE	ADDI- TIONAL	::-	RATE	ADDI- TIONAL
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